

EXHIBIT A



State of Alabama Unified Judicial System Form ARCiv-93 Rev.5/99	COVER SHEET CIRCUIT COURT - CIVIL CASE (Not For Domestic Relations Cases)	Ca: 31 Date of Filing: 09/20/2017 JUDGE: CASSANDRA JOHNSON, CLERK Judge Code:
GENERAL INFORMATION		
IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA MIKE EMERSON v. LIFE INSURANCE CO. OF N. AMERICA		
First Plaintiff: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other		
First Defendant: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other		
NATURE OF SUIT: Select primary cause of action, by checking box (check only one) that best characterizes your action:		
TORTS: PERSONAL INJURY <input type="checkbox"/> WDEA - Wrongful Death <input type="checkbox"/> TONG - Negligence: General <input type="checkbox"/> TOMV - Negligence: Motor Vehicle <input type="checkbox"/> TOWA - Wantonness <input type="checkbox"/> TOPL - Product Liability/AEMLD <input type="checkbox"/> TOMM - Malpractice-Medical <input type="checkbox"/> TOLM - Malpractice-Legal <input type="checkbox"/> TOOM - Malpractice-Other <input type="checkbox"/> TBFM - Fraud/Bad Faith/Misrepresentation <input type="checkbox"/> TOXX - Other: _____	OTHER CIVIL FILINGS (cont'd) <input type="checkbox"/> MSXX - Birth/Death Certificate Modification/Bond Forfeiture Appeal/ Enforcement of Agency Subpoena/Petition to Preserve <input type="checkbox"/> CVRT - Civil Rights <input type="checkbox"/> COND - Condemnation/Eminent Domain/Right-of-Way <input type="checkbox"/> CTMP - Contempt of Court <input checked="" type="checkbox"/> CONT - Contract/Ejectment/Writ of Seizure <input type="checkbox"/> TOCN - Conversion <input type="checkbox"/> EQND - Equity Non-Damages Actions/Declaratory Judgment/ Injunction Election Contest/Quiet Title/Sale For Division <input type="checkbox"/> CVUD - Eviction Appeal/Unlawful Detainer <input type="checkbox"/> FORJ - Foreign Judgment <input type="checkbox"/> FORF - Fruits of Crime Forfeiture <input type="checkbox"/> MSHC - Habeas Corpus/Extraordinary Writ/Mandamus/Prohibition <input type="checkbox"/> PFAB - Protection From Abuse <input type="checkbox"/> FELA - Railroad/Seaman (FELA) <input type="checkbox"/> RPRO - Real Property <input type="checkbox"/> WTEG - Will/Trust/Estate/Guardianship/Conservatorship <input type="checkbox"/> COMP - Workers' Compensation <input type="checkbox"/> CVXX - Miscellaneous Circuit Civil Case	
TORTS: PERSONAL INJURY <input type="checkbox"/> TOPE - Personal Property <input type="checkbox"/> TORE - Real Properly	OTHER CIVIL FILINGS <input type="checkbox"/> ABAN - Abandoned Automobile <input type="checkbox"/> ACCT - Account & Nonmortgage <input type="checkbox"/> APAA - Administrative Agency Appeal <input type="checkbox"/> ADPA - Administrative Procedure Act <input type="checkbox"/> ANPS - Adults in Need of Protective Service	
ORIGIN: F <input checked="" type="checkbox"/> INITIAL FILING A <input type="checkbox"/> APPEAL FROM DISTRICT COURT O <input type="checkbox"/> OTHER R <input type="checkbox"/> REMANDED T <input type="checkbox"/> TRANSFERRED FROM OTHER CIRCUIT COURT		
HAS JURY TRIAL BEEN DEMANDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Note: Checking "Yes" does not constitute a demand for a jury trial. (See Rules 38 and 39, Ala.R.Civ.P, for procedure)		
RELIEF REQUESTED: <input checked="" type="checkbox"/> MONETARY AWARD REQUESTED <input type="checkbox"/> NO MONETARY AWARD REQUESTED		
ATTORNEY CODE: ALL016 9/20/2017 4:40:45 PM /s/ MYRON KAY ALLENSTEIN Date Signature of Attorney/Party filing this form		
MEDIATION REQUESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNDECIDED		



State of Alabama Unified Judicial System Form C-10 Page 1 of 2 Rev.2/95	AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER	Case Number
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IN THE Circuit COURT OF Etowah County, ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: Mike Emerson v. Life Ins Co. of N. America
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

☐ **CIVIL CASE**— I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

☐ **CIVIL CASE**— (such as paternity, support, termination of parental rights, dependency) – I am financially unable to hire an attorney and I request that the court appoint one for me.

☐ **CRIMINAL CASE**— I am financially unable to hire an attorney and request that the court appoint one for me.

☐ **DELINQUENCY/NEED OF SUPERVISION**— I am financially unable to hire an attorney and request that the court appoint one for my child/me

AFFIDAVIT

SECTION 1.

1. IDENTIFICATION

Full name Mike Emerson Date of Birth _____

Spouse's full name (if married) _____

Complete home address 1519 Co. Rd. 754, Ider, AL 35981

Number of people living in household _____

Home telephone number _____

Occupation/Job disabled Length of employment 31 yrs

Driver's license number RO31742 *Social Security Number 412-1941065

Employer AKZO Employer's telephone number _____

Employer's address Chattanooga, TN

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply)

☒ AFDC ☐ Food Stamps ☐ SSI ☐ Medicaid ☐ Other NONE

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income	\$ <u>1200</u>
Spouse's Monthly Gross Income (unless a marital offense)	_____
Other Earnings: Commissions, Bonuses, Interest Income, etc,	_____
Contributions from Other People Living in Household	_____
Unemployment/Workmen's Compensation,	_____
Social Security, Retirements, etc,	_____
Other Income (be specific)	_____

TOTAL MONTHLY GROSS INCOME \$ 1200

Monthly Expenses:

A. Living Expenses	\$ _____
Rent/Mortgage	<u>500</u>
Total Utilities: Gas, Electricity, Water, etc	<u>200</u>
Food	_____
Clothing	_____
Health Care/Medical	<u>800</u>
Insurance	_____
Car Payment(s)/Transportation Expenses	<u>5</u>
Loan Payment(s)	<u>7</u>

***OPTIONAL**

Form C-10 Page 2 of 2 Rev. 2/95

AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER

Monthly Expenses:(cont'd page 1)

Credit Card Payment(s) _____
 Educational/Employment Expenses _____
 Other Expenses (be specific) _____

Sub-Total

A \$ _____

B. Child Support Payment(s)/Alimony

\$ _____

Sub-Total

B \$ _____

C. Exceptional Expenses

\$ _____

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ _____

Total Gross Monthly Income Less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$ 0

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

\$ 2.00

Equity in Real Estate (value of property less what you owe)

98,000

Equity in Personal Property, etc. (such as the value of

motor vehicles, stereo, VCR, furnishing, jewelry, tools, 3

12000

guns, less what you owe)

Other (be specific)

Do you own anything else of value? ☐ Yes ☒ No

(land, house, boat, TV, stereo, jewelry)

If so, describe _____

TOTAL LIQUID ASSETS

\$ _____

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury, I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provide by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel,

Sworn to and subscribed before me this

20th day of September, 2017
Laura Lee Selbit
 Judge/Clerk/Notary

Affiant's Signature

Mike Emerson
 Print or Type Name

ORDER OF COURT

SECTION II

IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:

- ☐ Affiant is not indigent and request is DENIED.
☐ Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ _____ towards the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: _____
☐ Affiant is indigent and request is GRANTED.
☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____

Judge



IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

MIKE EMERSON,

Plaintiff,

v.

LIFE INSURANCE COMPANY OF
 NORTH AMERICA,

Defendant

*
*
*
*
*
*
*
*
*

Case Number: _____

COMPLAINT

Count I – LTD Benefits

1. Plaintiff has long term disability protection by an insurance contract with Life Insurance Company of North America through his employment with AKZO Nobel which pays benefits if he becomes disabled.

2. Plaintiff is disabled and entitled to disability benefits from Life Insurance Company of North America.

3. Life Insurance Company of North America paid short term disability benefits for six months.

4. Life Insurance Company of North America paid LTD benefits for two months and then terminated LTD.

5. Plaintiff filed a *pro se* notice of appeal on and when that was denied filed a second *pro se* notice of appeal.


6. Life Insurance Company of North America upheld the termination of benefits.

7. Life Insurance Company of North America issued a final denial letter on 8/8/17.

9. Plaintiff has exhausted all administrative remedies.

10. This claim is pursuant to 29 U.S.C. §1132.

WHEREFORE, Plaintiff prays for appropriate equitable relief including benefits, attorney fees and costs which are less than \$50,000.

A handwritten signature in black ink, appearing to read "myron allenstein", is written over a horizontal line.

MYRON K. ALLENSTEIN (ALL016)
ROSE MARIE ALLENSTEIN (ALL060)
ALLENSTEIN & ALLENSTEIN, LLC
Attorneys for Plaintiff
141 South 9th Street
Gadsden, AL 35901
(256) 546-6314
(256) 547-7648 (fax)
myron@allenstein.com
rose@allenstein.com



ELECTRONICALLY FILED
 9/21/2017 9:04 AM
 31-CV-2017-900711.00
 CIRCUIT COURT OF
 ETOWAH COUNTY, ALABAMA
 CASSANDRA JOHNSON, CLERK

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

EMERSON MIKE

Plaintiff,

v.

LIFE INSURANCE CO. OF N. AMERICA

Defendant.

Case No.: CV-2017-900711.00

ORDER ON AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Affiant is indigent and request is GRANTED. The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

DONE this 21st day of September, 2017

/s/ DAVID A KIMBERLEY

CIRCUIT JUDGE



AlaFile E-Notice

31-CV-2017-900711.00

Judge: DAVID A KIMBERLEY

To: ALLENSTEIN MYRON KAY
myron@allenstein.com

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

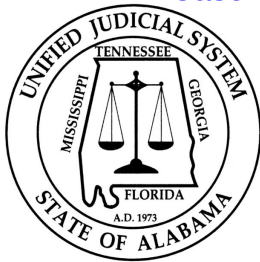
MIKE EMERSON V. LIFE INSURANCE CO. OF N. AMERICA
31-CV-2017-900711.00

The following matter was FILED on 9/21/2017 9:04:28 AM

Notice Date: 9/21/2017 9:04:28 AM

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2017-900711.00

Judge: DAVID A KIMBERLEY

To: LIFE INSURANCE CO. OF N. AMERICA (PRO SE)
CT CORPORATION SYSTEM
2 N. JACKSON ST. STE. 605
MONTGOMERY, AL, 36104-0000

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

MIKE EMERSON V. LIFE INSURANCE CO. OF N. AMERICA
31-CV-2017-900711.00

The following matter was FILED on 9/21/2017 9:04:28 AM

Notice Date: 9/21/2017 9:04:28 AM

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2017-900711.00

To: MYRON KAY ALLENSTEIN
myron@allenstein.com

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

MIKE EMERSON V. LIFE INSURANCE CO. OF N. AMERICA
31-CV-2017-900711.00

The following complaint was FILED on 9/20/2017 4:40:49 PM

Notice Date: 9/20/2017 4:40:49 PM

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2017-900711.00

To: LIFE INSURANCE CO. OF N. AMERICA
CT CORPORATION SYSTEM
2 N. JACKSON ST. STE. 605
MONTGOMERY, AL, 36104

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

MIKE EMERSON V. LIFE INSURANCE CO. OF N. AMERICA
31-CV-2017-900711.00

The following complaint was FILED on 9/20/2017 4:40:49 PM

Notice Date: 9/20/2017 4:40:49 PM

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 31-CV-2017-900711.00
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IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA
MIKE EMERSON V. LIFE INSURANCE CO. OF N. AMERICA

NOTICE TO: LIFE INSURANCE CO. OF N. AMERICA, CT CORPORATION SYSTEM 2 N. JACKSON ST. STE. 605, MONTGOMERY, AL 36104
(Name and Address of Defendant)

THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), MYRON KAY ALLENSTEIN
(Name(s) of Attorney(s))

WHOSE ADDRESS(ES) IS/ARE: 141 S. 9TH STREET, GADSDEN, AL 35901
(Address(es) of Plaintiff(s) or Attorney(s))

THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.

TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:

☐ You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.

☒ Service by certified mail of this Summons is initiated upon the written request of MIKE EMERSON
(Name(s))

pursuant to the Alabama Rules of the Civil Procedure.

9/20/2017 4:40:49 PM /s/ CASSANDRA JOHNSON By: _____
(Date) *(Signature of Clerk)* *(Name)*

☒ Certified Mail is hereby requested. /s/ MYRON KAY ALLENSTEIN
(Plaintiff's/Attorney's Signature)

RETURN ON SERVICE

☐ Return receipt of certified mail received in this office on _____
(Date)

☐ I certify that I personally delivered a copy of this Summons and Complaint or other document to _____
 _____ in _____ County,
(Name of Person Served) *(Name of County)*

Alabama on _____
(Date)

(Type of Process Server) *(Server's Signature)* *(Address of Server)*

(Server's Printed Name) *(Phone Number of Server)*



NOTICE TO CLERK

REQUIREMENTS FOR COMPLETING SERVICE BY
CERTIFIED MAIL OR FIRST CLASS MAIL

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA
MIKE EMERSON V. LIFE INSURANCE CO. OF N. AMERICA

31-CV-2017-900711.00

To: CLERK ETOWAH
clerk.etowah@alacourt.gov

TOTAL POSTAGE PAID: \$6.77

Parties to be served by Certified Mail - Return Receipt Requested

LIFE INSURANCE CO. OF N. AMERICA
CT CORPORATION SYSTEM
2 N. JACKSON ST. STE. 605
MONTGOMERY, AL 36104

Postage: \$6.77

Parties to be served by Certified Mail - Restricted Delivery - Return Receipt Requested

Parties to be served by First Class Mail

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com® .	
OFFICIAL USE	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____ Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	Postmark Here
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LIFE INSURANCE CO OF N AMERICA
 CT CORPORATION SYSTEM
 2 N JACKSON ST
 STE 605
 MONTGOMERY AL 36104
 CV17-900711 DAK
 D001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

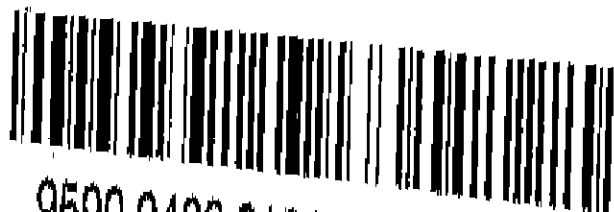
Sam McH... ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Date of Delivery

C. Is delivery address different from Item 1? ☐ Yes
☒ No
 If delivery address below

FILED
SEP 22 2017
CASSANDRA "SAM" JOHNSON
CIRCUIT COURT CLERK



9590 9402 3191 7166 4315 32

2. Article Number (Transfer from service label)

7016 3010 0000 9359 9151

Service type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

all
 all Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING®



9590 9402 3191 7166 4315 32

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

CASSANDRA "SAM" JOHNSON
ETOWAH COUNTY CIRCUIT CLERK
801 FORREST AVE - SUITE 202
GADSDEN, ALABAMA 35901

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10





AlaFile E-Notice

31-CV-2017-900711.00

Judge: DAVID A KIMBERLEY

To: ALLENSTEIN MYRON KAY
myron@allenstein.com

NOTICE OF SERVICE

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

MIKE EMERSON V. LIFE INSURANCE CO. OF N. AMERICA
31-CV-2017-900711.00

The following matter was served on 9/25/2017

D001 LIFE INSURANCE CO. OF N. AMERICA

Corresponding To
CERTIFIED MAIL

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150